

# Apprentice Care Leaver Bursary Request Form 2026

This form is required to confirm arrangements for an Apprentice wishing to claim the Care Leaver Bursary. The information will be kept in the strictest confidence. Apprentices are eligible to receive a bursary of up to £3,000 if they are aged 16–24 and meet the definition of an individual that has been in the care system (see Terms & Conditions).

## 1. Apprentice Details

|                 |  |                         |  |
|-----------------|--|-------------------------|--|
| Apprentice Name |  | Today's Date            |  |
| Provider Name   |  | Apprenticeship Standard |  |
| Employer        |  | Start Date              |  |

## 2. Bursary Eligibility

Apprentices are eligible to receive a bursary of up to £3,000 if they have been in the care of a UK local authority and meet one of the following criteria:

- a) An eligible child — aged 16 or 17, looked after by a local authority/health and social care trust for at least 13 weeks since the age of 14, and still looked after; OR
- b) A relevant child — aged 16 or 17, who left care after their 16th birthday and was an eligible child before leaving; OR
- c) A former relevant child — aged 18 up to their 25th birthday (if in education or training), who before turning 18 was either an eligible or relevant child.

## 3. Bursary Application

|                                                                   |                                |                                 |
|-------------------------------------------------------------------|--------------------------------|---------------------------------|
| <b>Personal Advisor Confirmation</b>                              |                                |                                 |
| Local authority Personal Advisor has confirmed care leaver status | <input type="checkbox"/> Yes   | <input type="checkbox"/> No     |
| Confirmation provided by:                                         | <input type="checkbox"/> Email | <input type="checkbox"/> Letter |

|                                |  |                |  |
|--------------------------------|--|----------------|--|
| <b>Apprentice Bank Details</b> |  |                |  |
| Bank or Building Society       |  |                |  |
| Address                        |  |                |  |
| Sort Code                      |  | Account Number |  |
| Payment Reference              |  |                |  |

## 4. Terms & Conditions

- Evidence of eligibility must be held before any payment is claimed. This must be a signed email or letter from a local authority appointed Personal Advisor confirming that the apprentice is a care leaver.
- Where the apprentice is aged 19–24, an Education, Health and Care (EHC) plan must also be provided.
- Payments are made in three £1,000 instalments at 60 days, 120 days, and 300 days from the learning start date (or at 242 days for shorter apprenticeships with a published typical duration of less than 12 months — total £2,000 in that case).
- An eligible apprentice must only receive £3,000 in total across all apprenticeships. If an apprentice leaves before the full bursary is paid, remaining instalments may be claimed on a new apprenticeship until the £3,000 total is reached.
- Payment will be passed on within 30 days of the provider receiving funding from the ESFA (which may be up to 61 days from the due date).
- If the apprentice is not actively engaged on the programme or has been withdrawn, the relevant payment will be affected.
- The apprentice must provide confirmation of receipt of each payment (see Payment Receipts section).

## 5. Apprentice Declaration

I confirm the details above are accurate to the best of my knowledge.

Please tick to confirm you agree with all of the following: ☐

- I am eligible for and would like to receive a bursary as a care leaver.
- I understand that if I have been found to have accepted the payment incorrectly or am ineligible, the British government will require it to be repaid.
- I have not previously been paid a care leavers bursary (ESFA-funded).

|                                                                          |                              |                             |
|--------------------------------------------------------------------------|------------------------------|-----------------------------|
| I consent to the Provider sharing my care leaver status with my employer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--------------------------------------------------------------------------|------------------------------|-----------------------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

## 6. Admin Check (office use only)

| Action                                          | Complete                 | Completed by / Date |
|-------------------------------------------------|--------------------------|---------------------|
| Evidence verified                               | <input type="checkbox"/> |                     |
| Bank details added to CRM                       | <input type="checkbox"/> |                     |
| Payment raised                                  | <input type="checkbox"/> |                     |
| Confirmation of receipt by the learner attached | <input type="checkbox"/> |                     |

## 7. Bursary Payment Receipts

Each receipt must be signed by the apprentice on receipt of each instalment.

|                                                                               |  |      |  |
|-------------------------------------------------------------------------------|--|------|--|
| I confirm I have received the first £1,000 payment of the Care Leaver Bursary |  |      |  |
| Name                                                                          |  |      |  |
| Employer                                                                      |  |      |  |
| Applicant Signature                                                           |  | Date |  |

|                                                                                |  |      |  |
|--------------------------------------------------------------------------------|--|------|--|
| I confirm I have received the second £1,000 payment of the Care Leaver Bursary |  |      |  |
| Name                                                                           |  |      |  |
| Employer                                                                       |  |      |  |
| Applicant Signature                                                            |  | Date |  |

|                                                                               |  |      |  |
|-------------------------------------------------------------------------------|--|------|--|
| I confirm I have received the third £1,000 payment of the Care Leaver Bursary |  |      |  |
| Name                                                                          |  |      |  |
| Employer                                                                      |  |      |  |
| Applicant Signature                                                           |  | Date |  |